



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



**Cardiff**  
Metropolitan  
University

# PREFECTUS STUDY: Informed Consent Form

Please initial each box.

1. I confirm that I have read and understood the information sheet dated ____ (Version ____ ) for the above study and that I have had the opportunity to ask questions.		
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. This will not affect my treatment in any way.		
3. I agree to take part in the above study.		
4. I give permission for my GP to be informed about my participation in the study.		
5. I give permission for my hospital clinical record to be reviewed by the research team for this project.		
6. I give permission for transferring of all of my research study data in anonymised form onto a database to be stored within Cardiff School of Sport, Cardiff Metropolitan University		
7. I give permission to contact me by telephone 6-12 months after the final study visit to ask some questions about my health and general condition.	<b>Yes</b>	<b>No</b>

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature